

Form G-135a  
Agency Name Check  
(Rev. 1-15-59)

UNITED STATES DEPARTMENT OF JUSTICE

8 715 949

District	NYC.
Sub-office	

SP Immigration and Naturalization Service  
271 Washington St.  
Brooklyn 1, N. Y.

File No	2271-593484
Date	August 27, 1959

DIRECTOR, CENTRAL INTELLIGENCE AGENCY  
2430 E Street, N.W.,  
Washington, D.C.

Attention: DEPUTY DIRECTOR, PLANS

Please furnish any derogatory information that may be contained in your files concerning the following person.

NAME (Surname in CAPS, First, Middle) <b>MIERIAK Constant</b>		DATE OF BIRTH <b>Dec. 25, 1919</b>	SEX <b>male</b>	COLOR	MARITAL STATUS
ALIASES (Identify maiden name or nicknames) <b>ch/n</b>		PLACE OF BIRTH (City, province or state & country) <b>Nowogrodek, Byelorussia, formerly part Poland</b>	PRESENT NATIONALITY <input type="checkbox"/> SC <input checked="" type="checkbox"/> MD <input type="checkbox"/> WD		
HEIGHT		WEIGHT	EYES	HAIR	COMPLEXION
RESIDENCE LAST FIVE YEARS (Street & No., RFD, etc.) <b>118 So. 3rd St. Brooklyn, N.Y.</b>		(City, state and country)		FROM <b>8/15/54</b>	TO <b>6/1/56</b>
PRIOR RESIDENCES, IF AVAILABLE					
EMPLOYMENT LAST FIVE YEARS (Employer's name and address) <b>Holland-America Line, 29 Broadway, NYC.</b>		OCCUPATION OR PROFESSION <b>Accountant</b>		FROM <b>8/17/54</b>	TO <b>present</b>
PRIOR OCCUPATIONS (Not included in above)					
SPOUSE (Full name & any other names used, & present address, if not same as above) <b>Anna Mierlak nee Hubert</b>		DATE OF BIRTH <b>Dec. 25, 1919</b>		PLACE OF BIRTH (City, province or state & country) <b>Nowogrodek, Byelorussia, ex Poland</b>	
ORGANIZATIONS (Include any societies, clubs, etc., with which now or previously affiliated) <b>Byelorussian-American Association, Inc. Asociacion Bielorrusa en la Argentina</b> <b>Whiteruthenian Institute of Arts &amp; Sciences Asociacion Maritima Argentina</b> <b>The Rada of Byelorussian Democratic Republic in Exile Mutualidad-Lirosa</b> <b>Byelorussian Orthodox Church</b>		LAST ADMISSION TO U.S. (Date, port and status)		PRIOR ENTRIES AND DEPARTURES (Dates and ports or if numerous, list years when previously in U.S.) <b>NID</b>	
PREVIOUS NUMBERS ASSIGNED (Milit. S/N; passport; social security; FBI; etc., identify each)		PREVIOUS REPORTS FURNISHED BY FBI: <input type="checkbox"/> NO <input type="checkbox"/> YES If yes attach list of reports.		Other (Specify)	
REASON FOR REQUEST APPLICANT FOR: <input type="checkbox"/> ADM. TO U.S. <input type="checkbox"/> ADJ. OF STATUS <input checked="" type="checkbox"/> NATZ <input type="checkbox"/>		DEPORTATION PROCEEDINGS <input type="checkbox"/> BENEF. PB #: <input type="checkbox"/> SPONSOR PB #:		FOR RELIEF OF	

RETURN TO  
INVESTIGATIONS  
U.S. Immigration and Naturalization Service  
119 D St., N.E.  
Washington 25, D.C.

CENTRAL INTELLIGENCE AGENCY

Assistant Commissioner  
Investigations

DECLASSIFIED AND RELEASED BY  
CENTRAL INTELLIGENCE AGENCY  
SOURCE METHOD EXEMPTION 3028  
NAZI WAR CRIMES DISCLOSURE ACT  
DATE 2007

FOR COORDINATION WITH

FNS